

# THE TRAJECTORY FROM RECREATIONAL TO PROBLEMATIC USE: PERSPECTIVES OF INDIVIDUALS WITH A COCAINE USE DISORDER

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## Abstract

The widespread use of cocaine, particularly in recreational settings, is a growing public health concern. The numbers of individuals presenting for treatment with cocaine-related problems have also increased. While public health data provides insight into prevalence and trends, it offers little understanding about subjective experience and substance use trajectories. This study aimed to explore how individuals in treatment with problematic use of cocaine perceive their transition from recreational to problematic use, with a focus on the biopsychosocial processes that shape this trajectory. Nine participants were recruited through purposive sampling from rehabilitation services across Malta. Semi-structured interviews were conducted, and Reflexive Thematic Analysis (RTA) was used to analyse and interpret recurrent themes across participants experiences. Findings revealed that cocaine use often began in socially sanctioned contexts, with initial use perceived as manageable or recreational. However, a gradual shift toward psychological and physical dependence and interpersonal deterioration was consistently described. The transition to problematic use was marked by accumulating vulnerabilities including trauma, emotional dysregulation, and comorbidity. For women, this was tied to male partners or significant male “others.” Participants identified social reinforcement, denial, rationalisation and minimisation as key perpetuating factors. These findings highlight the importance of targeted psychosocial interventions that encourage earlier engagement, particularly targeted at capturing subgroups who exhibit the riskiest patterns of use accompanied by other biopsychosocial vulnerabilities. This study contributes to local and international addiction literature and emphasises the need for evidence-based policies that address the role of social norms in shaping disordered patterns of substance use.

**Keywords:** *Cocaine use disorder, substance use trajectories, reflexive thematic analysis, biopsychosocial factors, Malta.*

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## 1. Introduction

Cocaine is the second most widely used illicit drug in Europe, with its availability, purity, and associated health and social harms all on the rise, alongside increasing treatment demand and record levels of trafficking and seizures (European Union Drug Agency [EUDA], 2025). Locally, cocaine has become the predominant substance in Malta’s drug treatment landscape, with 41 % of those in treatment and 57% of first-time treatment entrants reporting it as their primary drug. This trend is paralleled by an increase in average purity, which reached approximately 57 % in 2023, and by cocaine’s position as the most seized drug by volume (493 kg), suggesting widespread availability (National Focal Point for Drugs and Drug Addiction, 2025).

Drug use in Europe is deeply embedded within recreational settings, particularly in the night-time economy. Within these spaces, drugs like cocaine remain a primary focus for researchers and monitoring agencies (European Monitoring Centre for Drugs and Drug Addiction [EMCDDA], 2018). While many individuals who use cocaine occasionally consider themselves “recreational users” who maintain control over their consumption (Morein-Zamir et. al., 2015), there is an ongoing and urgent need to understand the “continuum of concern” that exists between recreational and problematic use (EMCDDA, 2018).

Problematic drug use refers to patterns of consumption that interfere with an individual’s social and occupational functioning (McLellan, 2017). Around 20% of cocaine users will transition to meet the criteria for cocaine use disorder (CUD) at some point in their lifetime (Schwartz et al., 2022), defined as compulsive patterns, preoccupation, and continued use despite adverse consequences. These include behavioural and physiological indicators of clinically significant distress or impairment (American Psychiatric Association [APA], 2022). The transition from recreational to problematic use is not always linear and is often obscured by the social acceptability of certain drugs in specific cultural contexts

(McNally et al., 2023). Furthermore, those frequenting recreational settings are not a homogeneous group, and statistical typologies have identified "unselective" subgroups who exhibit the riskiest patterns of use, often combining substances in ways that increase their vulnerability (EMCDDA, 2018).

While quantitative surveys and epidemiological studies provide valuable prevalence and risk data, they offer limited insight into subjective experience and substance use trajectories (Schwartz et al., 2022). Addressing this gap, the current study aimed to better understand the fluid and dynamic nature of cocaine use pathways as perceived by individuals in treatment for CUD. By examining participants' perceptions of the trajectory from recreational to problematic use, this study seeks to inform the development of more targeted interventions.

## 2. Methodology

The current study acknowledges the dynamic interplay of protective, predisposing, precipitating, and perpetuating factors across cocaine use trajectories (Macneil et al., 2012) adopting a comprehensive, multi-level approach to understanding patterns of use over time. Drawing on the concept of the "addiction career" (Clark, 2011; Peele, 1985), the study conceptualizes addiction as a life-course trajectory encompassing onset, escalation, maintenance and desistance, shaped by both subjective experiences and objective contingencies existing along a non-linear continuum (Clark, 2011).

### 2.1. Research design

The research is situated within a critical realist ontology and an interpretivist epistemology (Bhaskar, 2016; Guba & Lincoln, 1994), recognising addiction as both a biologically grounded phenomenon and a subjectively lived multidimensional experience shaped by social context. Using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019, 2021), the study prioritises participants' narratives to address the central research question: how do individuals in treatment for a CUD perceive and experience their transition from recreational to problematic cocaine use?

### 2.2. Participant characteristics

Nine participants (2 females, 7 males) were purposively recruited from three drug treatment agencies in Malta and Gozo. All were aged 18+ and met DSM criteria for CUD (APA, 2022). Ages ranged from 23 to 46 years. First substance use occurred between 11 and 14 years, with cannabis most commonly used initially. Addiction careers spanned 11–28 years, and most participants reported less than one year of abstinence. (Table 1)

*Table 1. Demographic and Drug Use Characteristics of Participants.*

Pseudonym	Age	Age of Onset of Substance Use	Initial Substance Used	Length of Abstinence	Length of Addiction Career
Julian	46	19	Cannabis	36 months	24 years
Andrew	38	14	Cannabis	11 months	23 years
Paolo	27	11	Cannabis	9 months	15 years
Daniel	23	11	Cannabis	7 months	11 years
Mike	31	14	Cannabis	9 months	16 years
Ian	41	12	Cannabis	12 months	28 years
Carla	36	14	Heroin	6 months	21 years
Alexander	41	13	Cannabis	9 months	27 years
Nicola	27	13	Cannabis	9 months	13 years

### 2.3. Data collection, analysis and ethical considerations

Data was collected by means of face-to-face semi-structured interviews. Recorded transcripts were analysed following Braun and Clarke's six-phase framework (2019, 2021). Ethical approval was obtained from the Social Wellbeing Faculty Research Ethics Committee. Informed consent, confidentiality, and participant autonomy were prioritised, with support referrals available if distress arose.

## 3. Main findings

The main themes and sub-themes generated from the data analysis, together with a brief description and accompanying verbatim quotes, are presented in Table 2. Three overarching themes emerged from the analysis: Permission to Use; Caught in the Chase; and Running on Empty. These themes trace the trajectory from recreational to problematic use of cocaine as perceived by participants.

Table 2. Emergent Themes and Sub-Themes.

Main theme	Sub-theme	Description	Salient Quote
Permission to Use	A difficult past	Participants reported that cocaine helped them cope with the pain associated with childhood adversity.	<p>"I had a difficult past and a lot of anger inside me" (Ian)</p> <p>"I felt like the black sheep of the family...never felt wanted, needed, respected, loved..." (Mike)</p>
	A bridge to belonging	Cocaine was perceived as pervasive in their social sphere, easily accessible and subtly embedded within the cultural script of leisure and belonging.	<p>"...everyone started doing cocaine" (Julian)</p> <p>"I used to feel like I was part of something" (Daniel)</p> <p>"With it I felt confident" (Andrew)</p>
Caught in the Chase	Influential persons	Important persons in participants' lives modelled cocaine use.	<p>"I used to see my dad [use drugs] and I always wanted to be like him" (Carla)</p> <p>"When I started dating him [my partner] I started using more" (Nicola)</p>
	Deceptively benign	Early use was not perceived as problematic. The harm was only recognised retrospectively, with participants describing a gradual and cumulative path towards problematic use.	<p>"I was too young to understand the consequences...it felt like part of growing up...it started as a weekend thing...before I knew it I was using daily" (Daniel)</p> <p>"In the beginning I didn't even realise" (Carla)</p>
	It ain't that bad	Rationalisation, denial, minimising, comparing themselves to others whom they perceived had worse problems were all strategies deployed to prevent acknowledgement of the severity of the problem.	<p>"I was in denial that I had a problem" (Andrew)</p> <p>"I would start making excuses [to use it]" (Carla)</p> <p>"Others are worse than me" (Ian)</p>
	Chasing that high	Participants described the visceral and transcendental responses that characterised the pleasurable experience. Subsequent "come-downs" intensified their need for another high.	<p>"...you keep chasing that feeling just trying to get back up there" (Alexander)</p> <p>"Then you want more, trying to recreate that first hit" (Andrew)</p> <p>"I really liked the feeling" (Paolo)</p>
Running on Empty	It takes your soul	Participants reported a gradual loss of control and erosion of identity, whereby the person they believed themselves to be became unrecognisable.	<p>"It takes your soul away...you don't even know who you are anymore" (Daniel)</p> <p>"It...strips you off your values...I'd take it and cry" (Alexander)</p> <p>"You lose all trace of being human" (Carla)</p>
	Shame as a constant companion	Participants reported feeling judged and even despised by others. This experience was fraught with a sense of shame and self-deprecation	<p>"People start to despise you" (Julian)</p> <p>"I was disgusting...I was the fool" (Andrew)</p>
	Re-ordering of priorities	Cocaine became the main priority, over and above everything and anyone	<p>"Cocaine came first and before everything...even if you only have 20€ and you're dying of thirst you'd rather stay thirsty" (Ian)</p> <p>"...when I had my daughter and I'd get money meant for her I'd use it for coke" (Nicola)</p>
	A total mess	Participants described the various physical, psychological and social difficulties that ensued from their cocaine use	<p>"Coke messes with your head...it drives you mad" (Carla)</p> <p>"I started stabbing myself in the foot because I started seeing worms coming out of my skin" (Daniel)</p> <p>"I tried to hang myself...I was tired of living" (Nicola)</p>

#### 4. Discussion

Within the conceptualisation of the "addiction career" (Clark, 2011; Peele, 1985), participants' narratives exemplify an early onset trajectory characterized by initiation (early recreational use interacting with normalisation of cocaine and predisposing biopsychosocial vulnerabilities) escalation (compulsive engagement and prioritisation of cocaine over other life domains) and maintenance (stigma, loss of

autonomy and self-recognition). The findings highlight the interplay of individual, psychological, social, and neurobiological factors across the trajectory from recreational to problematic use. Since most recreational users do not progress to problematic patterns of use and never enter treatment, these factors may distinguish individuals who seek treatment from those who never do, or never have to (Heyman, 2009).

#### **4.1. Initiation: Permission to use**

Participants reported early onset of substance use. This finding aligns with broader epidemiological evidence showing that initiation during this developmental window is strongly associated with subsequent chronic and problematic use trajectories (Strashny, 2014). Secondly, participants also reported childhood adversity and exposure to significant others who modelled cocaine use, stating that cocaine helped them cope in various interpersonal and social situations. This is consistent with prior research emphasising the role of early psychosocial risk factors in shaping trajectories of substance use (Macneil et al., 2012). Risk further increases in the absence of healthy social involvement or strong coping skills (McLellan, 2017) and the presence of the normalisation of cocaine use, particularly in recreational settings (Cristiano, 2024). A gendered pattern of onset tied to women's significant male "others" also emerged from the narratives. This aligns with prior research indicating that women's drug use initiation is often shaped by male partnerships (Scicluna & Clark, 2019) and may contribute to the "telescoping" phenomenon (Piazza et. al., 1989).

#### **4.2. Escalation: caught in the chase**

Engagement with cocaine was initially perceived as normative by participants who deployed denial, rationalisation and minimisation as cognitive strategies to their behaviour. This finding evidences the subtle cognitive and social processes that delay recognition of harm (Hartson & Sherman, 2012). Participants' descriptions of intense, transcendental highs and the compulsion to re-engage following the aversive "come-down" correspond with neurobiological models of addiction, wherein dopaminergic reinforcement mechanisms interact with psychosocial factors to sustain and escalate use (Koob & Volkow, 2016).

#### **4.3. Maintenance: Running on empty**

The prioritisation of cocaine over other activities, perceived loss of self, experiences of shame and social judgement underpinned the transition from escalation to maintenance. SUDs are characterized by the progressive dismantling of relational trust and identity (Bufford & Lappan, 2024), the disruption of self-concept and social functioning (Aue et. al., 2023) and the re-ordering of priorities (Volkow & Blanco, 2023). Experiences of shame and stigma reinforce social exclusion, deter treatment engagement (Matthews, Dwyer, & Snoek, 2017) and may be especially acute for women (Clark & Vella, 2022).

### **5. Concluding note**

The study draws attention to the multifactorial and multi-layered trajectory from recreational to problematic cocaine use, shaped by predisposing psychosocial vulnerabilities; cognitive strategies such as denial and minimisation; and social acceptance and accommodation of cocaine use into the fabric of society. Escalation is reinforced by neurobiological mechanisms and marked by identity erosion, impaired social functioning, and experiences of shame and social judgment. Gendered patterns in experiences were also identified. These factors highlight the centrality of self-concept disruption and stigma in sustaining addiction, considering also the dynamic role of gender differences. The findings also emphasise the need to acknowledge the widespread normalisation and cultural integration of cocaine use and its impact, particularly on vulnerable young people.

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